

**STATE OF MICHIGAN**  
**DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE SERVICES**

**Before the Commissioner of Financial and Insurance Services**

**In the matter of**

**XXXXXX**

**Petitioner**

**File No. 86735-001**

**v**

**Aetna Life Insurance Company**  
**Respondent**

---

**Issued and entered  
this 23rd day of January 2008  
by Ken Ross  
Acting Commissioner**

**ORDER**

**I  
PROCEDURAL BACKGROUND**

On December 13, 2007, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on December 17, 2007.

The Commissioner notified Aetna Life Insurance Company of the external review and requested the information used in making its adverse determination. The company provided initial information on December 14, 2007 and corrected information on January 3, 2008.

The Petitioner has health care coverage under a small group policy underwritten by Aetna. The issue here can be decided by an analysis of the terms of that policy. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## **II FACTUAL BACKGROUND**

The Petitioner suffered a long term chronic infection in her jaw resulting in significant bone loss. Through her dentist, the Petitioner requested coverage for reconstruction of her mandible and maxilla, dental implants, and related services. Aetna denied the request. After the Petitioner appealed through the internal grievance process, Aetna maintained its denial. The Petitioner was notified of Aetna's final adverse determination on October 23, 2007. A correction to the final adverse determination was submitted to OFIS on January 3, 2008.

## **III ISSUE**

Is Aetna correct in denying coverage for the Petitioner's maxillary, mandibular and dental implant procedure?

## **IV ANALYSIS**

### **Petitioner's Argument**

The Petitioner says she has tried everything over the years to maintain the affected teeth, but nothing has been successful and the infection continues to return. The Petitioner argues the implants are medically necessary and believes that Aetna should cover the surgery since there is no alternative solution.

### **Aetna Life Insurance Company's Argument**

Aetna says that it denied coverage because Petitioner's policy only covers surgery for mouth, jaws, and teeth when required by injury (policy pages 14-15). The policy also includes the following provision on pages 23-25:

General Exclusions Applicable to Health Expense Coverage  
Coverage is not provided for the following charges:

\* \* \*

Those for plastic surgery, reconstructive surgery, cosmetic surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons; except to the extent needed to . . . [i]mprove the function of a part of the body that . . . is not a tooth or

structure that supports the teeth . . . .

Finally, Aetna states that the Petitioner's plan does not provide coverage for implants.

#### Commissioner's Review

The Commissioner has considered the arguments of both parties and reviewed the provisions of the Petitioner's policy. The Commissioner understands the value and importance of these procedures to the Petitioner. Nevertheless, in deciding this case, the Commissioner is bound by the terms and conditions of the policy.

The Petitioner's policy provides only limited coverage for treatment of the mouth, jaws and teeth – only when required to treat an injury. Moreover, the policy on page 15 excludes expenses to remove, replace, or restore teeth and also excludes charges for periodontal treatment.

The Commissioner finds Aetna processed the Petitioner's request for coverage correctly under the terms of the policy.

### **V ORDER**

The Commissioner upholds Aetna Life Insurance Company's adverse determination.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the Circuit Court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.